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CONFIRMATION NO. 8785

<b>SERIAL NUMBER</b> 10/674,807	<b>FILING OR 371(c) DATE</b> 10/01/2003 <b>RULE</b>	<b>CLASS</b> 425	<b>GROUP ART UNIT</b> 1722	<b>ATTORNEY DOCKET NO.</b> MMID 2323
<b>APPLICANTS</b> Robert Sicilia, Etobicoke, CANADA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/415,140 10/02/2002 <b>** FOREIGN APPLICATIONS *****</b> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/23/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>Examiner's Signature</i> <i>TWH</i> <i>Initials</i> Acknowledged		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 34
			<b>INDEPENDENT CLAIMS</b> 14	
<b>ADDRESS</b> 54334 AIR MAIL				
<b>TITLE</b> Mixing device				
<b>FILING FEE RECEIVED</b> 2098	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	